

THE PSYCHONEUROSIS, A REVIEW OF THE PRESENT STATUS OF HYSTERIA AND NEURASTHENIA.*

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While nervousity has undoubtedly increased with the steadily growing intensity of the struggle for existence, the functional neuroses have always existed, at least since man attained any degree of culture. As to their presence in all ages we have abundant evidence both in sacred and in profane literature. The very name hysteria has come down to us from ancient times and the popular designation for this neurosis in most languages, bears witness to the persistence of ancient ideas as to its pathogeny, which it appears almost impossible to shake off, for while no one believes to-day that hysterical manifestations are due to the wanderings throughout the body of a discontented uterus, the connection of this disease with influences proceeding from the genital organs has been curiously reaffirmed in the "sexual trauma in youth" theory of Freud.

While the disease has always existed and its underlying character has remained the same, its individual symptoms have varied somewhat with the ideas of the day. This in itself is in entire accord with what we now recognize as the chief characteristic of its victims, excessive amenability to suggestion. At the time that belief in sorcery and in demoniacal possession was almost universal, the popular idea affirmed that Satan had stamped his own with certain indelible signs which could be detected by those who knew how to look for them. Among these "Stigmata diaboli" figured localized anesthetics, globus, convulsive phenomena and certain mental peculiarities, which we now recognize as hysterical characteristics and it is not surprising that the army of searchers developed at that time should have had little difficulty in detecting in great numbers these children of the Devil who in many instances paid the supreme penalty of their lives as victims of the "grand neurosis." It has been said that the manuals of sorcery contained in germ the later "Lessons of the Salpêtrière."

The modern history of hysteria may be said to begin with Charcot, who commencing his labors at the Salpêtrière in 1862, had by 1880, extracted from the great mass of material found there, the elements needed for the construction of the clinical history of this disease. Among all the writers up to this time but four can be found who had the hardihood to deny the uterine origin of hysteria. Charcot occupied himself less with theories as to the origin of hysteria, than in painstaking investigation and description of its clinical manifestations, and by demonstrating its occurrence in males he broke definitely away from the idea that it was always of uterine origin. He first described the attacks of the so-called "grande hystérie," and under the head of permanent stigmata, whose presence in one or other form he regarded as essential for the diagnosis, he studied the characteristics of the various anesthetics, hyperesthesias, narrowing of the

visual field, troubles of hearing, smell and taste, and various irregularities of muscular movement, as paralyses, tremors, spasms and contractures. He also described the trophic disorders and some of the mental phenomena of this disease. Under his numerous pupils these researches were extended and in the School of the Salpêtrière the vast and complicated edifice of this so-called protean neurosis was built up. This work has been summarized in the *Traité de l'Hystérie* of Gilles de la Tourette.

The labor was enormous and it appeared that the result should last as an eternal monument to the great master. It was soon found, however, that "Grande Hystérie" rarely occurred in other countries, that many of the other symptoms were wanting, that even the stigmata were often absent, and that to observe hysteria as depicted by Charcot, one must go to Paris, preferably to the Salpêtrière. It is only of late years, however, that the conclusions of this truly great teacher have begun to be seriously questioned, and it is remarkable that the gravest objections come from some of his former pupils, who confess that as a result of ripened experience they have had to change their views. Charcot occupied himself chiefly with the physical side of hysteria, though in his later years he seems to have acquired a conviction of the psychical nature of its phenomena. Even before his death there developed a tendency, especially among the Germans, to explain its manifestations upon psychical grounds, and to attach it rather to the psychoses than to the neuroses. This tendency has spread, and we find to-day that attempts to analyze the mental state of hysterics occupy the chief attention of those devoting themselves to the subject.

To more than outline some of the recent theories of hysteria would take us too far afield. Most of them are based upon more or less hypothetical psychological considerations. All show, however, that the necessity for revising the conceptions handed down to us by the school of the Salpêtrière has been generally felt. Even in the lifetime of Charcot there arose an antagonism of views, particularly with regard to hypnotism and its relation to hysteria, between himself and Bernheim, the chief of the Nancy school. Charcot held that hypnotic phenomena were hysterical phenomena, pathological, and that susceptibility to hypnosis was in itself a proof of hysteria, while Bernheim affirmed that in hypnosis we had a new set of phenomena, differing altogether from those of hysteria and allied rather to those of normal sleep. Moebius and Strümpel considered hysteria as a "psychosis of representation" characterized by the ideas received being at once transformed into acts without the intervention of the will. Breuer and Freud thought that in every case of hysteria there was more or less tendency to dissociation of the personality and to formation of states of double consciousness, and these views Jolly seems to have shared to some extent. Sollier defines hysteria as "A physical functional trouble of the brain, consisting in a numbing or sleep-like condition, localized or generalized, transient or permanent, of the cerebral centers, and

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translating itself by the various sensory, sensorial, motor, vaso-motor and psychic symptoms.'

Probably the most important recent theories, however, are those of Janet and of Freud, the later ideas of Bernheim and the most recent views of Babinski. Janet admits the physical stigmata as *manifestations* of hysteria but not as constituting hysteria itself. The capital fact for him, is the general enfeeblement of the nervous functions, whose clinical substratum is an abnormal mental state. This is shown by certain mental stigmata, the most important of which consist in troubles of the intelligence and character. Double personality only exists in the somnambulistic condition. The stigmata are not associated by him with the fixed ideas, which are personal and variable, while the stigmata represent enfeeblements and have been the same since the Middle Ages. Hysteria is a form of mental disaggregation; "a person is not hysteric because he is amenable to suggestion, but is suggestionable because his will is enfeebled." The most important stigma of hysteria is abulia which plays in the genesis of the symptoms a capital role. In the opinion of Freud the majority, if not all cases of hysteria, arise upon the basis of some strong and generally unpleasant impression in connection with the sexual sphere experienced usually in early life, which though perhaps forgotten by the patient, still lurks in the region of the subconscious and modifies the mental operations and the physical acts, inhibiting or exciting, each at the wrong time. This he designates a "sexual trauma" and reasons that for a cure the influence of this impression must be removed. In order to effect its removal, it is first necessary to find out what the lurking idea is, and since the patient will seldom voluntarily disclose it, and may have forgotten its presence, it is usually necessary to bring it out by a method of psychical analysis, often time-consuming in the extreme, in which by a study of the associations formed with suitably selected words, the examiner is able to make at least a shrewd guess as to the morbid idea and by an abrupt demand may secure a confession. Since free confession is good for the soul, this author claims to be able to effect a cure by securing it and by ridding his patient of this obsessive element by what he calls "mental catharsis."

According to Bernheim's latest views, hysteria is not a disease; we are all more or less hysteric and have some of the symptoms, but it is only in those in whom these manifestations are exaggerated that hysteria is present. The unique phenomena of hysteria are the crises, for which alone the name should be reserved. These arise independent of suggestion and are probably due to some special emotion. They consist in exaggeration of the natural psychodynamic reaction, may occur accidentally originally, but may be reproduced and in the end the "hysteric diathesis" may be developed. The so-called physical stigmata are due to suggestion either from without or from within. "The treatment of hysteria is not a matter of suggestion but of de-suggestion."

Although brought up in the school of the Salpetrière, and for years chief of clinic to Charcot,

no one has more earnestly insisted upon the necessity for a revision of the subject of hysteria, or has done more to eliminate from it the factitious, than Babinski, whose views and whose personality have largely influenced recent discussions of the subject. According to him, even the name hysteria is so much associated with what he calls "paleopathology," that it is a question if it had not better be dropped altogether. In his "dismemberment of the traditional hysteria," he confesses how ripper experience has convinced him that a large number of the formerly described symptoms are due purely to suggestive influences, and arise, either through autosuggestion, or by imitation, or through medical suggestion and are usually absent in patients who have not been subjected to these influences, particularly to those from a medical source. The so-called "*grande hystérie*" (i. e. the convulsive seizures, etc.,) has become, in Paris even, almost a thing of the past and many of the stigmata have been unable to stand the light of the twentieth century. In this he is borne out by a majority of the other French neurologists. His greatest service, however, has been in making more clear the diagnostic points between functional and organic conditions, in showing what symptoms of the latter origin are not found in hysteria and in urging the necessity for eliminating all possible organic lesions before attributing paralysis, anesthetics, etc., to a functional origin.

Babinski has expressed his ideas with regard to hysteria in the following terms: "Hysteria is a special psychic state manifesting itself principally in disturbances which may be called primary, and subsequently in secondary disturbances. The primary disturbances are distinguished by the fact that it is possible to reproduce them by suggestion in certain subjects, with rigorous exactitude, and to cause them to disappear under the exclusive use of persuasion. The secondary disturbances are distinguished by the fact that they are immediately subordinate to the primary disturbances." For him, troubles which are producible by suggestion and curable by persuasion are the only ones which are really characteristic of hysteria. Among them, the principal are convulsive crises, paralyzes, contractures, tremors, choreiform movements, troubles of respiration and phonation, sensory and sensorial disturbances and vesical troubles. That suggestion can affect the reflexes, or can produce vasomotor, secretory or trophic disorders, by itself alone, he does not believe. He is willing to admit that the latter class of phenomena may arise through emotional influences started up by suggestion, but they do not fulfill his second requirement, since they cannot be controlled by persuasion. Between the words suggestion and persuasion, Babinski draws a sharp distinction, using the former to indicate the conveyance of an improper or unreasonable idea, while by persuasion an influence based upon reason and common sense is conveyed. Since only such disturbances as can be produced by suggestion and removed by persuasion are, according to his view, characteristic of hysteria, he suggests for them the designation "pithiatic phenomena" and for hysteria that of "pithiatism" (Greek: I persuade;—curable).

The subject having been brought before the Paris Neurological Society for discussion in May, 1908, it was found that while its members were in accord with Babinski upon many points, there was lack of unanimity as to the possibility of the stigmata occurring apart from suggestion and as to the influence of the latter upon the reflexes, the circulatory, vasomotor, trophic and secretory functions, and upon the temperature. Neither could they agree as to the meaning to be attached, respectively to the terms suggestion and persuasion nor as to the desirability of substituting the word "pithiatism" for hysteria.

The views of Freud have been opposed and his methods denounced, especially by Aschaffenberg, who declares that for most cases they are wrong, for some questionable and for all dispensable. It would seem that, at least in the class of cases seen in this country, the grubbing up of sexual incidents is much more likely to do harm than good. The discussion of hysteria has had the advantage of clearing away certain misunderstandings, and has brought home to those who have followed the trend of psychopathological research, the conviction that hysteria is a psychical disease and that its manifestations stand in some sort of relation to disturbances of function in the brain cortex. That a definite anatomical basis for it will ever be found seems unlikely, as it is not a definite disease, but a manner of reaction, which, inherent in some constitutions, may be acquired in others through influences which go to alter the nervous arrangements. This is exemplified in hysteria following trauma. The practical result of the study of hysteria has been, on the one hand a better knowledge of the functional neuroses and their relations, and on the other, we have become convinced that since hysteria is a psychical disease its treatment must be in the main psychical.

While typical cases of hysteria can, and should be differentiated, there is an interconnection between the whole group of functional neuroses and they are not infrequently combined in the same individual. Particularly is the combination of neurasthenia and hysteria a common one. Binswanger states in at least half of his female patients he has found a combination of the symptoms of both neuroses. The writer's experience long ago convinced him of the same fact and among the number of neurasthenics seeking relief at the Clinic of the University of California here, there are comparatively few of the women who do not present some of the minor symptoms of hysteria. These considerations have impelled some writers to form a group of "psychoneuroses," which would include in the main hysteria, neurasthenia and hypochondria, though some of the milder forms of mental disturbance might find here a place.

The term neurasthenia has been stretched to include nearly all the functional nervous conditions which could not readily be classified. As Reynolds has said it is "both boundless and formless." It has served its purpose as a convenient catch all, and "nervous prostration" which has had a popular vogue, is often a euphemism which serves to soothe

the family, and to cover the ignorance of the physician, or at least to gain for him time in which to watch the development of affairs. While there is evidence to show that there may be a physical basis for neurasthenia in some of its forms, in its exaggerated manifestations, it is a psychical disease though presenting a different picture from hysteria. How can we conceive of the morbid anxiety, the various obsessions, phobias and "*folie du doute*" arising upon any other basis than that of disturbance of the psyche? The co-operation between psychologist and physician, with the development and popularization of psychological methods, has made for greater precision in diagnosis, and more just estimation of our cases. Particularly stimulating have been the investigations of Janet, and in this country the practical work of Dana and of Morton Prince has done much to clear our views, and to sharpen our conceptions, with regard to the psychoneuroses. In his "Partial Passing of Neurasthenia," Dana has effected as thorough a "dismemberment" of neurasthenia as Babinski has done of hysteria. He insists that fully 50% of the cases which in the past have been diagnosed as neurasthenia is either made up of the early stages, or represents "*formes frustes*" of the recognized insanities, mainly the manio-depressive, toxic and exhaustion psychoses and dementia precox, though sometimes general paresis. In a more recent article he urges a similar limitation of the term hysteria and describes certain borderland conditions between the two neuroses. The term "psychasthenia," introduced by Janet, has been thought a good designation for a certain class of these cases, and Dana suggests the division of the group of psychoneuroses into:

1. Hysteria proper or major.
2. Psychasthenia, which in its more pronounced form, when accompanied by morbid doubts and fears and obsessive phenomena he prefers to style "phrenasthenia."
3. Neurasthenia, simple and symptomatic.
4. Abortive types of the major psychoses.

While he accepts the general idea that hysteria is a morbid mental condition in which there is a tendency to dissociation of consciousness and of associated memories, leading to disintegration of personality, and in which subconscious states tend to control the body, and to produce certain symptoms and morbid conditions; in common with other writers, he finds it easier to give its clinical manifestations than to define it. The Psychasthenics form a certain quite familiar class of patients of whom time does not permit a description here, but who are in general characterized by deficient will power, tendency to constant and morbid introspection, impulses and fixed ideas, and inability to adapt themselves to their surroundings, or to carry out satisfactorily any useful work. They are not insane and rarely become so, but they are so near the border line as often to raise doubts as to their sanity, though this again is a question of comparisons, for who has yet been able to define the normal mental standard?

We should not content ourselves with a diagnosis

of hysteria or neurasthenia until we have carefully eliminated the probabilities of organic disease and of the major psychoses. That neither of them is a definite disease but rather a manner of reaction, should always be kept in mind, and the frequent association of symptoms characterizing them, with organic disease in the nervous system and elsewhere, must be constantly before us. While psychopathological researches are helping us to a better understanding of their symptoms, their ultimate causes are multifarious and many of them date far back in the history of the race. For their elimination by prophylaxis from future generations, we must begin at the fountain-head, with the existing ancestors of those yet unborn. When the science of eugenics has made such progress that as much attention is paid to the propagation of the human race as is now given to the breeding of our more valuable domestic animals, we may expect a reduction in the number of cases of nervousity and insanity. In neutralizing the causes more immediately operative, general diffusion of knowledge with regard to physical and mental hygiene, the elimination of preventable diseases, the education of the public as to the evils of alcoholic and drug addiction and social progress in the adjustment of work and wage, will lend their part.

As to the processes in the individual organism which give rise to the neuroses, studies in metabolism have so far failed to give us much aid, and that they will ever bring to light any one efficient cause seems very improbable. Continued work along this line, with ever improving methods may, however, enable us to pick up some links in the chain of visious processes with which the victim is bound up, and may eventually give the clue to the disentanglement of the whole. Psychotherapy, so hopefully and so confidently proposed for the treatment of the neuroses, is too large a subject to be discussed in this paper. In the main it is, after all, but the application of the principles of mental hygiene and mental training, based upon knowledge of mental processes. That physicians should acquire this knowledge and should make use of it goes without saying. In all these things, the role of the general practitioner is a most important one. He it is who, knowing intimately the inherited traits and the mental and physical make-up of his patients, can intelligently counsel and direct their manner of life, choice of occupation and selection of a consort, and who can, and should, by voice and example, further all proper and practical schemes for hygienic and social progress. To no one else is given so great an opportunity, and to none so grave a responsibility, in working toward the future elevation of the human race.

THE NORMAL SHAPE OF THE STOMACH; ITS PHYSICAL AND DIETETIC THERAPY.*

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The great charm of surgery is that its remedies are mechanical and the good results following operations are obvious and reasonably sure. This

may be said of the physical and dietetic treatment of most digestive disorders. There is no drug which favorably influences the stomach in the way of stimulation of its secretion, and a very few which have a reputed sedative influence, and even this is disputed. Where there is suffering as the result of stagnation of irritating contents, any alkali may relieve by neutralizing its acid contents, or any evacuant by emptying it completely; this is only relieving a symptom for the moment, and in no way influences the stomach for good. Stagnation of stomach contents is the main cause of the present suffering, and the future progress from bad to worse of all stomach diseases. Mechanical drainage of the stomach is just as important as of a pus cavity.

Boas says that "the chief task of gastric therapeutics must be to regulate the motor functions of the stomach."

Prof. A. E. Taylor of the State University says: "Now the motor functions of the stomach are the most important because they are the least dispensable, and the most important because their loss can be compensated for with the greatest difficulty. . . . The important functions of the stomach physiologically and pathologically are the motor functions, and the lesser functions physiologically and pathologically are the chemical and digestive functions."

The natural position of the stomach allows evacuation of its contents without any muscular aid at all; that is, the pylorus is the lowest point of the perfectly normal stomach. The exact determination of this has only been possible by X-ray pictures of the stomach filled with an opaque bismuth paste. This has been shown by Max Einhorn, Leven, Barret, Holzkecht and Rieder. Recent text-books up to 1906 do not show this.

Only 10 per cent of healthy adults have this normal position, but most healthy children have. In the 90 per cent of healthy adults having not a strictly normal position, it causes no symptoms because compensated by muscular action and development; when compensation fails, then we have symptoms just as in broken cardiac compensation.

The oldest representations of the stomach show it as horizontal in position, with the large curvature as a deep pouch, and the pylorus only a little below the cardia; as these pictures will show, the pylorus is in the course of time (in the anatomies) getting lower, the cardia higher and the stomach assuming a vertical position; the deep hanging pouch still persists, but becomes more shallow, until in 1906 the pouch disappears entirely, and we have the ox-horn shape of Holzkecht.

Although Holzkecht finds his shape in 70 per cent of healthy children and in only 10 per cent of healthy men, he assumes it as the normal type. Rieder with the same findings, assumes his shape as the normal from its prevalence. The reasoning of Rieder will do in determining the normal attachment of muscles, or the distribution of arteries, which organs are not changed by use or abuse, but it will not apply to the stomach and large intestines. Every bilious attack with vomiting, tends to alter the shape of the stomach from Holzkecht's to Rieder's form; and how few persons there are who have

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